Image# 28933361544 097/**25**#**2008** 14:06

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

| (a) Name of Individual, Organization or Corporation | 1 [.] | | | |
|---|---------------------------|--|--|--|
| NARAL Pro-Choice America | | | | |
| (b) Address (number and street) | - | | | |
| 1156 15th Street, NW | | | | |
| Suite 700 | | | | |
| (c) City, State and ZIP Code | FEC Identification Number | | | |
| Washington DC 20005 | C C90004185 | | | |
| 2. Corporate filers only | C90004185 | | | |
| Is the filer a qualified nonprofit corporation? | | | | |
| Individual filers only Name of Employer | Occupation | | | |
| | | | | |
| 4. TYPE OF REPORT (check appropriate boxes): | | | | |
| (a) April 15 Quarterly Report | Netice | | | |
| (a) ☐ April 15 Quarterly Report | Notice | | | |
| ☐ July 15 Quarterly Report | | | | |
| October Quarterly Report | | | | |
| ☐ January 31 Year-End Report | | | | |
| | | | | |
| | | | | |
| (b) Is this Report an amendment? Yes No X | | | | |
| 5. COVERING PERIOD: FROM 0.9 / D.D. / Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y. | | | | |
| THROUGH | | | | |
| M 0 9 / D 2 5 / Y Y Y O Y 8 Y | | | | |
| | | | | |
| 6. TOTAL CONTRIBUTIONS | 0.00 | | | |
| | 10110.00 | | | |
| 7. TOTAL INDEPENDENT EXPENDITURES | 10116.36 | | | |
| | | | | |
| Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations. | | | | |
| TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE | DATE | | | |
| | | | | |
| John Botts | 09/25/2008 | | | |
| NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C 437g. | | | | |

 $For \ further \ information, \ contact:$

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

| PAGE | 2/3 | |
|------|-----|--|
| | | |

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

NARAL Pro-Choice America

| Full Name (Last, First, Middle Initial) of Payee | | | Date | |
|--|--|-------------------|---|--|
| NARAL Pro-Choice America | | | | |
| Mailing Address | | | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ | |
| 1156 15th Street, NW, Suite 700 | | | Amount | |
| O:h. | Ctoto | Zin Cada | 7500.00 | |
| City Washington | State DC | Zip Code 20005 | | |
| - | | 1 | | |
| Purpose of Expenditure List Rental | | Category/ | Office Sought: House State: DC | |
| List nentai | | Туре | Presidential Senate District: 00 | |
| | Name of Federal Candidate Supported or Opposed by Expenditure: | | President | |
| John McCain | | | Check One: Support X Oppose | |
| Calendar Year-To-Date Per Election | | | Disbursement For: Primary X General | |
| for Office Sought | | 425318.79 | 2008 Other (specify) | |
| Full Name (Last, First, Middle Initial) of Payee | | | | |
| Adams, Hussey & Associates | | | Date | |
| • | | | 0 9 2 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | |
| Mailing Address 1600 Wilson Blvd. | | | Amount | |
| Suite 300 | | | 1750.00 | |
| City | State | Zip Code | | |
| Arlington | VA | 22209 | | |
| Purpose of Expenditure | | Category/ | Office Sought: House State: DC | |
| Email copy and production | | Type | Presidential Senate District: 00 | |
| Name of Federal Candidate Supported or Oppose | ed by Expenditure | : | President | |
| John McCain | | | Check One: Support X Oppose | |
| Colonday Very To Date Day Florida | | | Disbursement For: Primary X General | |
| Calendar Year-To-Date Per Election for Office Sought | | 425318.79 | 2008 Other (specify) | |
| Full Name (Last First Middle Initial) of Payee | | | | |
| Full Name (Last, First, Middle Initial) of Payee Adams, Hussey & Associates | | | Date | |
| • | | | 0 9 | |
| Mailing Address 1600 Wilson Blvd. | | | Amount | |
| Suite 300 | | | 851.00 | |
| City | State | Zip Code | 831.00 | |
| Arlington | VA | 22209 | | |
| Purpose of Expenditure | | Category/ | Office Sought: House State: DC | |
| Copywriting | | Type | Procidential Senate | |
| Name of Federal Candidate Supported or Oppose | ed by Expenditure | : : | President District: 00 | |
| Barack Obama | | | Check One: X Support Oppose | |
| | | | Disbursement For: Primary X General | |
| Calendar Year-To-Date Per Election | | 425318.79 | 2008 | |
| for Office Sought | | 120010110 | Other (specify) | |
| | | | 10101.00 | |
| (a) SUBTOTAL of Itemized Independent Expendit | ures | | 10101.00 | |
| | | | | |
| (b) SUBTOTALof Unitemized Independent Expenditures | | | | |
| (c) TOTAL Independent Expenditures | | | | |
| (carry total from last page forward to L | | | | |
| | | | | |

Image# 28933361546 **SCHEDULE 5-E**

PAGE 3/3 FOR LINE 7 FOR FORM 5

ITEMIZED INDEPENDENT EXPENDITURES NAME OF FILER (In Full) NARAL Pro-Choice America Full Name (Last, First, Middle Initial) of Payee Date NARAL Pro-Choice America М М 2008 Mailing Address Amount 1156 15th Street, NW, Suite 700 15.36 State Zip Code DC 20005 Washington Purpose of Expenditure Office Sought: Category/ House State: DC List Rental Type Presidential Senate District: 00 Χ President Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama Support Oppose Check One: Disbursement For: X General Primary Calendar Year-To-Date Per Election 2008 425318.79 for Office Sought Other (specify) 15.36 (a) SUBTOTAL of Itemized Independent Expenditures

10116.36

(b) SUBTOTALof Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)